Post Office Box 1521 417 Holcomb Street Springdale, AR 72765-1521 Phone (479) 751-4510 Fax (479) 750-8104

Springdale Fire Department

Employee's Name

CC:	Your Immediate Supervisor
From:	Officer's Name who is Administering Reprimand
Date:	Today's Date
Re:	Written Reprimand
This is a writte	en reprimand for Employee's Name as related to your substandard performance in
Actions, Misconduct, Behavior, etc., as described in the Springdale Civil Service Commission	
Rules and Re	gulations: Chapter as applicable, Section as applicable.
The basis of this written reprimand consists of the fact that Specific actions, be as detailed as	
possible, including past incidents related to this event and extenuating circumstances as	
applicable.	
•	ance will be closely monitored in the future. If your performance does not meet the he department, future disciplinary action may include suspension without pay, discharge.
This written reprimand will become part of your permanent personnel file in accordance with the <u>Springdale Civil Service Commission Rules and Regulations;</u> Chapter 8, Section 4: "Written Reprimand".	
Personnel Na	ome Officer
Officer's Supe	ervisor

To: